

Employment Application

Name:	Date:					
First	Middle	Last				
Address:						
	Street					
	City	State	Zip			
Home phone:	•	Il Phone:	Ζιμ			
	000					
Email address:	Position applying for:					
Are there other names under which you have worked or attended school? (If hired, you will be required to provide proof of work authorization.) No Yes (please list)						
Have you lived / w No	orked in any other states in t Yes (please list)	he last 12 months?	2			
Are you at least 18 years old? (If not, your employment will be subject to verification that you meet state / federal minimum are requirements for the type of work you are applying for and have obtained a valid work permit.)						
No	Yes					
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? (Convictions are not an automatic bar to employment. If yes, please explain below the nature of the crime, date of conviction and state in which convicted.) No Yes						
Do you have any pending criminal charges against you? (If yes, please describe below the nature of the charges, date issued and county and state where issued.) No Yes						
Have you ever app No	lied at this company before? Yes (If yes, when?)	P Have you eve No	r worked at this company before? Yes (If yes, when?)			
Salary/Hourly wage desired: \$						
When can you start?						
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Education



Training Courses and Special Skills

Describe any specialized training, apprenticeships, licenses, or skills relevant to position desired.

	Sponsoring		
Course/Seminar	organization	Content	Dates(s) attended

Required Licenses(s)

If you are required to drive a motor vehicle for the job applying for, please state your:

Driver's license number:	
State issued:	

Are you licensed with any group, association or society relating to the job for which you are applying?

No Yes (please list)

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Employment History

(Start with most recent; use separate sheet if necessary.)

Name of employer:			Telephone:	
			If currently employed, may w	
Address:			reference? No	Yes
			Employment dates:	
Job title:				
Name of immediate superv	isor:			
Description of duties:				
Reason for leaving:				
Salary:	F ire of			
Start	End			
Name of employer:			Telephone:	
			If currently employed, may w	e contact as a
Address:			reference? No	Yes
			Employment dates:	
Job title:				
Name of immediate superv	isor:			
Description of duties:				
Reason for leaving:				
Salary:				
Start	End			
Nome of employers			Talanhana	
Name of employer:			_ Telephone: If currently employed, may w	o contact as a
Address:			reference? No	Yes
			Employment dates:	100
Job title:				
Name of immediate superv	isor:			
Description of duties:				
Reason for leaving:				
Salary:				
Start	End			
Start				
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Name of er	Name of employer:			Telephone:				
Address:			If currently employed, may we contact as a reference? No Yes Employment dates:					
Job title:								
Name of in	nmediate sup	ervisor:						
Description	of duties:							
Reason for	leaving:							
Salary:								
	Start		End					

Employee References

(Please use only professional references. No friends or relatives.)

Name:	Telephone:
Address:	Relationship:
	How long known?
Name:	Telephone:
Address:	Relationship:
	How long known?
Name:	Telephone:
Address:	Relationship:
	How long known?



Experience

(Place checkmark next to each item that you have experience with.)

Machines Operated On

- Brake Press Manual
- Burning Table (Setup or Operate)
- Cutting Torch
- ____ Jib Crane
- Overhead Crane
- Mill Manual
- Drill Press (Setup or Operate)
- ____ Band Saw Vertical
- Band Saw Horizontal
- Other:

Miscellaneous Experience

- Forklifts
- ____ Grinders
- _____ Jigs/Fixtures Setup
- Own Layouts and Setups
- Blueprints
- Assembly Mechanical
- ____ Assembly Electrical/Electronics
- ____ Angel Iron Rolling
- Other:

Welding Experience

- Certified SMAC
- Certified FCAW
- Certified GMAW
- ____ Certified GTAW
- Certified ASME
- _____ Certified (State or In-house, expires:____)
- Metal Thickness 24 to 10 Gauge
- Metal Thickness 3/16" to 1"
- ____ Fabricate Own Parts
- ____ First Piece Inspection
- Custom Fabrication
- _____ Forming and/or Bending
- Other:

Types of Metals

- Stainless Steel
- Carbon Steel
- Cast Iron
 - Exotic Metals
- Aluminum
- Galvanized Metal
- Other:

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Please read carefully before signing this form

All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.

I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified)

Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Applicant Signature:	Date:	

Thank you for your interest in IVI.

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